

**Montana WIC Program  
Returned Formula Form**



Participant Name: \_\_\_\_\_

Participant ID#: \_\_\_\_\_

Clinic Name/Number: \_\_\_\_\_

Date of formula return: \_\_\_\_\_

Number of cans of formula returned: \_\_\_\_\_

Type of formula returned: \_\_\_\_\_

Was any cereal or juice returned?   Y   or   N   If yes, how much? \_\_\_\_\_

Reason for returned formula: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSTRUCTIONS:** Complete this form if formula is returned to the clinic.

**SCAN INTO PARTICIPANT FILE WITH THE DOCUMENT TYPE OF "FORMULA RETURN"**

WIC Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_